

NOTIFICATION OF PERSONNEL ACTION - NONAPPROPRIATED FUNDS EMPLOYEE

For use of this form, see AR 215-3; the proponent agency is DCS, G1.

1. NAME (CAPS)(Last, first, MI, (Mr. or Ms.))		2. CITIZENSHIP (1 - U.S.; 2 - Non-U.S. Citizen; 3 - Local National)		3. DATE OF BIRTH (Yr, Mo, Day)		4. SSN			
5. MILITARY STATUS (1 - ODM; 2 - Retired; 3 - None)		6. DEPENDENT STATUS (1 - Military; 2 - Civilian; 3 - None)		7a. SCD - LEAVE		7b. SCD - LS			
8. VETERAN'S PREFERENCE? Y - YES N - NO		9. SPOUSE EMPLOYMENT PREFERENCE? Y - YES N - NO		10. FAIR LABOR STANDARD ACT (FLSA) (1 - Exempt; 2 - Nonexempt)					
11a. CODE		11b. NATURE OF ACTION (Including Employment Category)				12. EFFECTIVE DATE (Yr, Mo, Day)			
13. FROM (Position Title, Number, and Authorization)		14. PAY PLAN AND OCC. CODE		15a. GRADE OR PAY LEVEL		15b. STEP OR RATE (NA; NL; NS only)		16. ANNUAL SALARY OR HOURLY RATE	
17a. CODE/NAME AND LOCATION OF EMPLOYING NAFI					17b. STANDARD NAFI NUMBER				
18. TO (Position Title, Number, and Authorization)		19. PAY PLAN AND OCC. CODE		20a. GRADE OR PAY LEVEL		20b. STEP OR RATE (NA; NL; NS only)		21. ANNUAL SALARY OR HOURLY RATE	
22a. CODE/NAME AND LOCATION OF EMPLOYING NAFI					22b. STANDARD NAFI NUMBER				
23. DUTY STATION					24. LOCATION CODE				
25. REMARKS									
26. SERVICING CPO (Complete Address)				27. SIGNATURE (Or other authorization) AND TITLE Designated Appointing Official					
				28. DATE					

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